2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31174

FILED Jan 07, 2006 Secretary of State

Entity Name: NORTH FORT MYERS LODGE #2742 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE

UNITED STATES OF AMERICA CORPORATION

Current Principal Place of Business: New Principal Place of Business:

2163 TWIN BROOKS ROAD

NORTH FT. MYERS, FL 33917 US

Current Mailing Address: New Mailing Address:

P.O. BOX 4508

NORTH FT. MYERS, FL 339184508 US

FEI Number: 65-0110605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MURPHY-MCDONALD, KATHLEEN WARREN, ROBERT 5811-101 CRYSTAL LAKE LANE 2163 TWINBROOKS RD.

NORTH FORT MYERS, FL 33917 US NORTH FORT MYERS, FL 33917 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT WARREN 01/07/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: ER ()Delete Title: ER (X)Change ()Addition

 Name:
 MURPHY-MCDONALD, KATHLEEN
 Name:
 WARREN, ROBERT

 Address:
 5811-101 CRYSTAL LAKE LANE
 Address:
 2163 TWINBROOKS RD

 City-St-Zip:
 N. FT. MYERS, FL 33917
 City-St-Zip:
 N. FT. MYERS, FL 33917

Title: TD () Delete Title: () Change () Addition

 Name:
 JOSLIN, RICHARD E
 Name:

 Address:
 8217 BOONSBORO RD
 Address:

 City-St-Zip:
 N. FT. MYERS, FL 33917
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 STANTON, ROBERT E
 Name:

 Address:
 15755 BALMY POINT LANE
 Address:

 City-St-Zip:
 N FT MYERS, FL 33917
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 PERRY-STANTON, ALICE A
 Name:

 Address:
 15755 BALMY POINT LANE
 Address:

 City-St-Zip:
 N FT MYERS, FL 33917
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. STANTON S 01/07/2006